

POSITION	INITIALS	ID NO.	DATE
----------	----------	--------	------

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

	Rejected	N	Non-elected
	Allowed	I	Interference
	Canceled	A	Appeal
(Through numeral)	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
51		51		101	
52		52		102	
53		53		103	
54		54		104	
55		55		105	
56		56		106	
57		57		107	
58		58		108	
59		59		109	
60		60		110	
61		61		111	
62		62		112	
63		63		113	
64		64		114	
65		65		115	
66		66		116	
67		67		117	
68		68		118	
69		69		119	
70		70		120	
71		71		121	
72		72		122	
73		73		123	
74		74		124	
75		75		125	
76		76		126	
77		77		127	
78		78		128	
79		79		129	
80		80		130	
81		81		131	
82		82		132	
83		83		133	
84		84		134	
85		85		135	
86		86		136	
87		87		137	
88		88		138	
89		89		139	
90		90		140	
91		91		141	
92		92		142	
93		93		143	
94		94		144	
95		95		145	